



**STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH**

Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Council on Children's Mental Health
Junior League Conference Center
Green Hills in Nashville
December 5, 2008
10:00 a.m. – 2:00 p.m.

MEETING SUMMARY

Participant List:

Susan Adams
Carla Babb
Mark Baldwin
Sumita Banerjee
Tonya Baymon
Kathy Benedetto
Bonnie Beneke
Gina Betts
Pam Brown
Mike Cull
Paula DeWitt
Bob Duncan
Emel Eff
Richard Epstein
Deborah Gatlin
Nneka Gordon
Sharon Green

Vickie Harden
Raquel Hatter
Jennifer Houston
Petrina Jesz
Angie McKinney Jones
Richard Kennedy
Michael Myszka
Tricia Lea
Kim Crane Mallory
Jules Marquart
Elvira Newcomb
Linda O'Neal
Bruce Opie
Freida Outlaw
John Page
Cindy Perry
Steve Petty

Mary Rolando
Mary Linden Salter
Kevin Schama
Veronica Schama
Stephanie Shapiro
Sara Smith
Steve Sparks
Debrah Stafford
Susan Steckel
Millie Sweeney
Cathy R. Taylor
Servella Terry
Linda Tift
Kristie Wilder
Jeune Wood
William Wood
Stephanie Young

- 1) Welcome and Introductions – Linda O'Neal and Commissioner Virginia Trotter Betts

Linda O'Neal acknowledged those who were absent and those who were attending in their place.

Commissioner Virginia Trotter Betts:

- Discussion of Budget Hearing and recent departmental activities
 - Since the October meeting TDMHDD has been dealing with the budget for 09-10, she encouraged people to view the link to the budget hearing.
 - It was very important to explain to the Governor what is essential to achieve in the department where there is such a high need and the funds are not available.
 - There is a perfect storm of economic issues. TDMHDD continues to fund the most serious cases through the MCO contracts. The budget proposal included budget improvements through the Mental Health Safety Net model for services for seriously mentally ill persons.
 - Intense debates have been going on within TDMHDD to determine how best to streamline and prioritize its budget while trying to preserve its best programs.
 - There are only three ways to cut TDMHDD's budget: 1) central office staff and expenses, 2) service capacity at the five Regional Mental Health Institutes, and 3) contracts with community providers.
 - Since the budget hearing in November, TDMHDD has spent intense hours revising its budget proposal, which was submitted 12/4/08 and TDMHDD will be presenting the proposal to the Governor next week. This proposal does not include recommendations, but represents the least painful budget cuts overall.
 - The amount of the budget cuts for the department is a moving target, 15 percent or \$25-\$30 million, plus \$27 million to fund services that will no longer be funded by TennCare, so total TDMHDD has a \$57 million shortfall.
 - Discussion of the Carter Center presentation in Atlanta
 - Commissioner Betts reported that she attended the Carter Center presentation of the *Unclaimed Children Revisited* report (sent to Council members by O'Neal).
 - In a survey of the National Association of State Mental Health Program Directors, 41 states' mental health commissioners said they were experiencing serious budget cuts, 4 states have received more money, and 7 did not report.
 - The meeting at the Carter Center was inspirational because people are focused on better public mental health for children and adults through the implementation of good public policy. The change in the power relationships in the General Assembly will change the dynamic of policy implementation moving forward in Tennessee.
- 2) TDMHDD Budget Hearing Update – Linda O'Neal
- O'Neal made general comments about the budget hearings and took a poll to see how many council members had seen the budget hearing. Most people in the room indicated they viewed the budget hearing. O'Neal commended Commissioner Betts on her handling of the budget hearing.

- The deficit for the current year is very grim with reported cumulative deficits of \$600 million in October, \$800 million in November, and it could be \$1 billion by the end of the year.
- Budget cuts are being made in a budget already cut by \$468 million in the current fiscal year. This figure includes the buyout.
- The Governor and state legislature have given the indication that if funding is required by state law, state law can be changed.
- We are making horrendous cuts in a budget already low in comparison to the other southern states. In combined state/local revenue per capita, Tennessee ranks last out of the 14 southern regional states in terms of budget, and has annual revenue \$3.4 billion less than the average of the Southern Regional Education Board states.
- It is important to maximize resources and improve coordination and working together as we continue to strive to serve Tennesseans.

3) TCCY/DMHDD/GOCCC Collaboration – Linda O’Neal

- The CCMH is adding a major role to GOCCC’s council participation.
- As we move forward we are trying to exemplify the SOC collaboration and so we endeavor to welcome everyone who wants to be involved with this group.
- GOCCC has been involved with TEIS and the Adolescent Substance Abuse Collaborative that evolved from the federal Tennessee Adolescent Coordination of Treatment (T-ACT) grant. Mary Rolando reported on the Collaborative.
- Rolando will be playing a major role in drafting the report due to the legislature in February.
 - o Bob Duncan – In these trying economic times, we see this as a wonderful opportunity to work together with the CCMH.
 - o Rolando - Welcomes the opportunity to work with everyone. Asks that the chairs of the work groups work directly with her so that she can more accurately describe the work that has been going on within the CCMH and communicate this to the legislature as effectively as possible. She asked the chairs to please include her on all the work groups to the greatest extent possible.

4) Addition of New Work Group: Media Relations – Linda O’Neal

- Several people have expressed interest in this work group that will work to get out more information about what is going on with the council and communicate with the public about the work CCMH is doing and the opportunity for involvement. O’Neal has written a column in the Memphis *Commercial Appeal* and has been asked to do a public opinion piece in The Tennessean related to the Juvenile Court Commitment Order issue.
- There is another opportunity for press around the submission on the report in February.

Diversion from Agenda: Discussion of Juvenile Court Commitment Order (JCCO) Issues

A question regarding the JCCO court ordered evaluations was posed to the council:

- O'Neal suggested we may need an agenda item in January to discuss this more fully.
- Commissioner Betts provided the council background information on this issue. In the past, TDMHDD had been paying for evaluations, but has always believed there was underutilization of the outpatient evaluation system already in place. We therefore have advocated moving the juvenile evaluations in that direction.
- Knox County filed suit, which resulted in a Court of Appeals decision regarding payment for evaluations.

Detailed background on TDMHDD involvement in JCCO court ordered evaluations [added to Minutes as a point of clarification for the Council]:

- *Under previously issued AG opinions, TDMHDD paid for either outpatient or inpatient evaluations for youth with charges that would be a felony should they be an adult. If charged with a misdemeanor, payment would be from the county.*
 - *In 2001, Knox County (and other counties) ordered inpatient evaluations of a number of youth charged with misdemeanors. When billed, some counties paid; Knox County refused to pay. Suit was filed by the Attorney General for payment.*
 - *At trial, the court confirmed the responsibility of the county to pay for misdemeanor evaluations. Knox County appealed the decision.*
 - *The Court of Appeals issued a finding on June 30, 2008, that payment for all inpatient evaluations is the responsibility of the county or parent. TDMHDD sent letters to all juvenile courts when the ruling became final, 60 days after publication, and TDMHDD ceased paying for new inpatient evaluations.*
 - *The ruling did not alter the ability of the juvenile court to order evaluations, only the responsibility for payment.*
- Commissioner Betts reported courts have only ordered two inpatient evaluations since the case ruling made the counties responsible for the inpatient evaluations. We need to clarify how the payment for evaluations works. The state pays \$300 and the counties have to pay \$900, but that is not really how much it costs; one day of service for a child in the state psychiatric hospitals is \$1,400 per day. The counties have been leaving the children in the hospitals for the full 30 days.
 - O'Neal said this issue will be put on the January agenda and this is a perfect example of why we need a SOC in Tennessee. Dr. Jeff Feix (TDMHDD) and a representative from the courts will be asked to make a presentation at the next meeting.

5) Policy Academy Collaborative Application – Freida Outlaw and Millie Sweeney

- Freida Outlaw and Millie Sweeney presented information about the application and thanked everyone who helped with it.

- TDMHDD will know December 15th if the application is approved. We will go to San Diego, with seven or nine spots being funded.
- Freida reported Policy Academies are extremely helpful and noted a Policy Academy was the precursor to this council.
- If approved, the federal government is very impressed when the contingency represents more people from the community than have been funded to go. Freida stated it is very important for more people to go.
- Millie stated this Policy Academy is the first one to come out of the Federation of Families and it will help us learn how to develop a family-driven system of care.
- Freida said, in the application, we asked for Technical Assistance on funding mapping, Medicaid or other financing systems, help in workforce development, how to get young and diverse people into the workforce, and financial/resource mapping.
- Freida thanked everyone in advance for their participation and for the work we will be asking you to do if approved.

6) Assessment Instrument Reports

➤ **Child and Adolescent Needs and Strengths (CANS)** – Michael Cull (Vanderbilt Center of Excellence) and Dr. Richard Epstein (Vanderbilt University, Department of Psychiatry)

Refer to the CANS powerpoint handed out at the meeting and subsequent email from O'Neal on December 8th.

- Cull: The CANS is strengths-based and is not a diagnostic measure. It meets the needs of DCS and is inexpensive.
- Epstein: The purpose of measurements is to communicate. Multi-item measures challenge large child serving systems, but there is a high need to collect multi-item psychometric measures.
- CANS Comprehensive was developed specifically for DCS. It uses a four point scale and is an assessment across multiple domains. The CANS can be administered by a trained rater, not a clinician. This is a strength in a large system because you are in control as a system of how the information is collected and it helps prevent missing data, which is valuable when aggregating the data. Trained raters enable the tool to be more consistent and for the information to be collected in the same way across multiple locations, staff, etc. The “anchors” included within the measure help explicitly capture information that may otherwise be subjective and create inconsistent determinations.
- The CANS is a straightforward instrument that assesses whether or not a child needs mental health services; it is not a diagnostic tool.
- CANS ANSWER is for adults. If you wanted to use a common language it can be done.
- The raters are trained to reliably complete the CANS. The system determines what information is included.
- Question: How is the CANS actually administered? The CANS is a summary measure, not a complete assessment battery. The CANS provides information understandable to those other than psychologists. The CANS identifies needs and

strengths as part of the intake process to help make decisions about the needs of the child and helps structure the way the Family Service Worker (FSW) collects the information.

- The CANS has a philosophy associated with it: the CANS is a tool, not a form; it's not about checking boxes. The rater works with the information available and can complete information as it becomes known. The tool helps obtain complexity scores because the domains and their scores are disparate.
- DCS is in the process of building capacity to utilize CANS data in aggregate form to show changes over time on an individual, provider and system level.
- Utilization of the CANS enables a common language to be used across systems and creates a continuity of language for children and families, providers and systems. The language is a language everybody understands and can use.
- Matching child need with appropriate services has positive behavioral results. Low-risk children who were hospitalized in Illinois actually got worse. (See handout page 6, slide 2).
- New Jersey uses CANS as an intake assessment for entering their SOC. They can use CANS data to determine, on average, how long it will take for a child who enters residential treatment to improve to the point the child looks like a child who enters a group home.
- In February 2008, web-based data collection at DCS went live. Almost all children who are supposed to get an initial assessment do get one, but all in custody are supposed to get one. Currently there are 8,000 CANS (not unique) in the system.
- Cost for training at DCS: The CANS is an open source measure (free to use). The cost of the training depends on how the system wants to use it and is based on a train-the-trainer model. DCS currently contracts with the Centers of Excellence for a half day training and then annual re-trainings. You have to pass the test before you can be a rater.
- Limitations in the field of the CANS:
 - o While a lot of detailed information is provided, not every possible thing that a child could do is listed in the anchor. There can be situations where deciding whether it is a one, two, or three is not easy to do, but this is not the norm.
 - o It has been noted people in some quarters are critical of the training provided to the raters not being detailed enough. This is something determined by the available resources of the state.

➤ **Tennessee Outcome Measurement System (TOMS) – Paula Dewitt (TDMHDD)**

Refer to “Tennessee Outcomes Measurement System (TOMS)” powerpoint contained in packet.

- The TOMS is a self-report instrument administered at 20 community mental health centers.
- Data goes to a third party vendor, TeleSage, who analyzes the data and then distributes it to the Community Mental Health Centers, TDMHDD, and one TennCare contracted MCO.

➤ **National Evaluations for Systems of Care – Freida Outlaw**

Refer to handouts contained in packet: 1) Macro International National Evaluation of Systems of Care and 2) National Evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program

- Outlaw stated that the national discussion about the use of the CANS was both positive and negative.

7) Workgroup Reports and Discussion

➤ **Accountability and Management Information Systems** – Traci Sampson and Pam Brown

- Three meetings since Council last met. Wonderful, very committed committee.
- Look at draft outcomes and indicators in packet. Aligned indicators with national indicators.
- O'Neal took down names for contact people in each Department/Group for feedback on outcomes and indicators and measurement tools. Deadline for departmental feedback is December 19th.
- Discussion about questions on outcomes chart. DOH stated there is a need for an "improved health status" outcome.
- It was noted it is imperative the outcomes and indicators represent the needs of individual systems so agencies are willing to continue involvement and participation in the system of care.

➤ **Cultural Competency** – Debrah Stafford

- Referred to handout in packet.
- Summary of discussion that group had from its one meeting since last Council meeting.
- Recommendations for mental health report to be completed in 2009 and suggestions for increasing awareness of the mental health cultural/linguistic emphasis for communities.
- Suggested language included is comprehensive in terms of the meaning of cultural competence, i.e. include rural/urban, family culture, etc.
- It was noted the national System of Care definition of cultural competence should be the standard or umbrella definition.
- Suggested there be a statewide initiative that informs parents, families, and children (media campaign) that we want their involvement and input on these issues.

➤ **Evidence Based Services** – Michael Cull and Vicki Harden

- Meetings are by conference call every other Friday and have been since the first meeting of the council.
- A subgroup is working on a survey that will provide a snapshot of currently used EBPs.

- Working on formulating a cohesive definition of EBPs that will work across systems/agencies.
- Group is in the process of developing an EBP definition.
 - o The TDMHDD EBP definition and the JJ/DCS definition, among others, were examined.
 - o Working to build on commonalities that already exist.
- The survey will be circulated to the council before its implementation.

➤ **Funding** – Mary Linden-Salter and Nneka Gordon

- No meetings so far.
- Attended the Public Chapter 1197 Resource Mapping Council meeting to ensure our efforts do not duplicate what is already being done.
- Hiring freeze on the resource mapping component.
- Question about funding: Will the Mental Health Parity law passed on National level have any impact on funding? Commissioner Betts said yes, there would be an impact, however, there is a rule writing period commencing between three federal agencies, HHS, Labor, and Treasury, and said not to expect any outcomes until 2010.

➤ **Service Array** – Dustin Keller and Freida Outlaw

- Met one time between council meetings.
- Work group having an “identity crisis.”
- Discussion of why children need a comprehensive array of services, using this as a guiding principle.
- Building on work of the SJR 799 report.

➤ **Service Integration** – John Page

- Have had a few meetings.
- Reviewed the DCS Community Advisory Board (CAB) structure in terms of system integration.
- Will send copy of minutes to get Council’s feedback.
- Recommendations for February report:
 - o Legislation to provide an entity with the authority to integrate systems.
 - o Look at the authority of existing entity or creation of a new entity that would have that kind of authority to pull agencies together locally to work toward system integration and a statewide system of care.
- O’Neal pointed out the CCMH legislation states agencies have to work together, but translation to the people on the ground, front lines, is still challenging.
- Definition of service integration: The type of integration we’ve seen in our system of care, implementation of system of care model.
- Level of Collaboration needed is difficult without authoritative charge.
- Noted a need for skills around conflict resolution.

8) Developing the February Report Discussion – O’Neal

- Will get reports from all of the work groups and will be sharing information as it is pulled together. Rolando will be pulling together the report.
- O’Neal is very encouraged by the level of commitment of the council members.
- Items that need to be contained/discussed in the report are:
 - o Time line for development of the overall plan – complete plan by July 2010;
 - o Barriers;
 - o Programs currently in place and whether they are evidence-, research-, or theory-based;
 - o Financial resource map;
 - o Cost analysis;
 - o Recommendations for improving children’s mental health.
- Sweeney suggested including some encouraging words in the report given the economic times in the state, e.g. encouragement for the state to seek outside funding.
- Include the impact of economic downturn on programs and services to children.
- Discussion of impact on community mental health centers, need feedback from individual agencies on their experiences, especially in light of the changes in the TennCare contracts.
- Discussion of current/ongoing collaborative efforts between agencies, acknowledge what is already going on, the foundation that we have and the foundation of the previous and current Systems of Care.
- Comment from DHS: TANF has a five year lifetime limit that was established in the 1990s. DHS is already feeling the effects and expects three times as many people to hit their lifetime limit by 2010.
- Maximizing resources and integration of services needs to be emphasized. Focus on the importance of the infrastructure.

Diversion from Agenda: Discussion of the impact of funding cuts on the CMHCs:

- Vicki Harden (Volunteer), John Page (Centerstone), and Kathy Benedetto (Frontier) spoke to the council jointly on the impact of funding cuts on the CMHCs.
 - o Getting hit from all sides; the CMHCs are experiencing cuts in TennCare contracts as well as with the direct contracts from state agencies.
 - o Perfect storm brewing: 1) insistence on evidence based treatment, Cognitive Behavioral Therapy, etc., 2) reimbursement rates are pitiful, and 3) October 2008 saw the highest number of admissions at Frontier Health and Volunteer Behavioral Health in their histories.
 - o Regional Intervention Program is funded by Centerstone at 30 percent. The 30 percent is now gone and the potential for subsidizing services is greatly diminished.

9) Plans for January Meeting – Linda O’Neal

- JCCO – Dr. Jeff Feix from TDMHDD, someone from the courts will be asked to give overview;
- Impact of funding cuts on CMHCs – picture of what we have now and what we predict in the next six months; impact of funding cuts on non-profits; impact of funding cuts on TAMHO.
- The January 22nd meeting will be from 10-3pm at the Junior League.
- Allocate an hour to larger panel to focus on report in the afternoon – include in the report the large commitment of time from Council members.
- Brief overview of Public Chapter 1197 (Resource Mapping) so as to not duplicate efforts.

10) Other Business

- Cindy Perry stated we need to stay true to the mission of the Council, which is to develop a system of care for children and youth in Tennessee. A system of care is a better way of doing business.
- Commissioner Betts suggested Council members write letters to the editor about what government needs to remember when having to make budgetary cuts based on priorities. She noted a UT professor wrote in the Tennessean recently that the priority should be to have a health and mental health safety net.

Minutes prepared by Susan Steckel